

SECTION 16. LABORATORY SERVICES

Missouri Medicaid follows Medicare guidelines for billing of professional and technical and total components of laboratory tests. Providers should reference Medicare's Newsletter for Indicators/Global Surgery/Percentages/Endoscopies at <http://www.medicare.com/>.

Professional component only codes – Modifiers 26 and TC cannot be used with these codes. Examples - 80500 and 85097.

Technical component only codes – Modifiers 26 and TC cannot be used with these codes. Examples – 81002 and 82270.

Total component codes – These codes have a professional, technical and total component. When billing for the professional component, use the 26 modifier. When billing for the technical component, use the TC modifier. When billing for the total component, do not use any modifiers. Examples - 88104, 88300.

Clinical Laboratory Improvement Act (CLIA)

CLIA WAIVER PROCEDURES

Medicaid providers possessing a "Certificate of Waiver" are allowed to perform the following procedures.

G0328	82270	83001	85013	87210
80061	82273	83002	85014	87210U7
80101	82274	83026	85018	87449
81002	82465	83036	85610	87804
81003	82570	83518	85651	87880
81007	82679	83605	86294	87899
81025	82947	83718	86308	89300
81025U7	82950	83986	86318	
82010	82951	84460	86618	
82044	82952	84478	86701	
82055	82962	84703	87072	
82120	82985	84830	87077	

PHYSICIAN PERFORMED MICROSCOPY PROCEDURES (PPMP)

Medicaid providers possessing a PPMP certificate are allowed to perform all the waiver procedures as well as the following additional procedures.

Q0111	Q0113	Q0115	81001	81020
Q0112	Q0114	81000	81015	89190

Questions regarding CLIA registration or accreditation should be directed to:

Bureau of Health Facility Regulation
Department of Health and Senior Services
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